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Approved for use through 7/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR. SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE **FEE** BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = XS. OR INDEPENDENT CLAIMS (37 CFR 1 16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TÖTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT **EXTRA AFTER** PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus 50 (37 CFR 1.16(c)) OR Independent Minus 200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) *360.* OR. TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS" HIGHEST ω PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-EXTRA AFTER AMENIEMENT PREVIOUSLY Ë TIONAL TIONAL PAID FOR FEE FEE AMENDME Total (37 CF4 1 15(18) Minus OR Ments (37 CFR 1 15.00 OR PIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (CT CER 1 1804) OB TOTAL TOTAL ADD-LIFEE ADDIL FEE

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ANE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1:15(a))						

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If the entry in column 1 is less than the entry in column 2, write 10 in column 3

This collection of information is required by 37 CFR 1.16 The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete: including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

¹¹ If the "Highest Number Previously Part For" IN THIS SPACE is less than 20, enter "20" "If the "Highest Number Previously Paid For" III THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.